

# **SPARTAN FOOTBALL CLINIC**

provided by the Uxbridge Public Schools

**Sign Up - This Sunday (6/23/13) at Uxbridge High School 3:30-5:00 PM**

Ages: 10-13

**Location: Uxbridge High School** (New Football Field)

Date: July 14th, 15th, and 16th

Time 6:00 PM- 8:00 PM (CHECK IN FIRST DAY IS 5:30)

Equipment: Cleats, Water (NO SPORTS DRINKS ALLOWED), Bug Spray

Cost: \$55 per player, MAKE CHECKS PAYABLE TO UXBRIDGE FOOTBALL (includes instruction, clinic T-Shirt)

Instruction: All instruction is non contact and will be position specific

Complete and return this form to: Coach Bob Martellio, 24 Julia dr., Uxbridge, Ma 01569

NAME: \_\_\_\_\_ Grade going into: \_\_\_\_\_

SHIRT SIZE (circle one): M L XL XXL

POSITION: OFFENSE \_\_\_\_\_ DEFENSE \_\_\_\_\_

I certify that said applicant is in good health. In case of medical emergency, I understand every attempt will be made to contact parents or guardians. In the event that they cannot be reached, I hereby give permission to the camp to provide medical care to my child in case of injury or illness. I agree not to hold the Spartan Football Clinic responsible for any Athletic, dental, or bodily injury that may occur to my child while attending the camp.

DATE: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\*\* Question: Contact Coach Bob Martellio at: [bmartellio@uxbridge.k12.ma.us](mailto:bmartellio@uxbridge.k12.ma.us)